

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Optometrists
Opticians
Managed Care Organizations

**Memorandum No: 07-54
Issued: June 29, 2007**

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 (option 2) or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Vision Care: Policy Updates and Fee Schedule Updates

Effective on and after July 1, 2007, the Health and Recovery Services Administration (HRSA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2007 relative value units (RVUs); and
- Policy updates.

Attention! HRSA is clarifying how DSHS covers certain vision services, including vision therapy. See the **Policy Updates** section of this memorandum for details.

Maximum Allowable Fees

HRSA is updating the Vision Care Program fee schedule with Year 2007 RVUs. The maximum allowable fees have been adjusted to reflect these changes.

Visit HRSA's web site at <http://maa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule, effective July 1, 2007.

Bill HRSA your usual and customary charge.

Policy Updates - Repeal of WAC 388-544-0475

HRSA has learned that there was an error made during the vision rule promulgation process regarding the non-covered section of the vision WAC. The public did not receive sufficient notice that certain covered healthcare services would become noncovered under WAC 388-544-0475. In order to correct this oversight, **effective May 4, 2007**, HRSA has repealed WAC 388-544-0475 (list of non-covered services, including vision therapy). HRSA is proceeding with a new rule-making action to reestablish the noncovered services section.

For dates of service from July 7, 2005 through June 30, 2007, HRSA will pay for vision services listed in the repealed WAC 388-544-0475 that were provided to eligible clients. This will be done without retrospective review. However, the services must have been medically necessary at the time they were provided. HRSA will not consider the following repealed services for payment:

- Based on WAC 388-501-0070(1)(d), HRSA will continue to classify the following two services as cosmetic and therefore not reimbursable:
 1. Services for cosmetic purposes only and
 2. Refractive surgery to reduce or eliminate the need for eyeglasses or contact lenses correction
- **Group vision screening**
Group vision screening continues to be not reimbursable as HRSA pays for individual comprehensive eye examinations and refractions.
- **Upgrades at private expense to avoid HRSA's contract limitations.**
Based on WAC 388-544-0150(1)(c) providers must obtain all hardware and contact lenses for HRSA clients from HRSA's contracted supplier. Upgrades at private expense to avoid HRSA's contract limitations are not allowed.

As a result of the repeal of WAC 388-544-0475, HRSA will cover and reimburse for those affected services according to the following process:

- HRSA's policy to bill within 365 days from the date of service will be waived. Claims will be processed according to all other applicable policies.
- Claims affected by the repeal of WAC 388-544-0475 must be received at HRSA by 10/31/07.
- Services must be billed on a completed 1500 Claim Form (paper form) and sent to:

Vision Care Rates Manager
PO Box 45510
Olympia WA 98504-5510

- Claims must be completed according to the *Vision Care Billing Instructions*.
- Claims from the provider will be reimbursed at 85% of the provider's usual and customary fee.
- Once HRSA has been billed for the claim, any money paid to the provider by the client for the service must be refunded to the client per WAC 388-502-0160.

Effective for dates of service on and after July 1, 2007, the list of services in WAC 0475 will require prior authorization.

Other Policy Updates

Coverage Criteria for tinting plastic eyeglass lenses:

HRSA is updating the ICD-9-CM diagnosis codes for Diabetic Retinopathy on page C.7 of the *Vision Care Billing Instructions*. The updated ICD-9-CM diagnosis codes are **362.01** through **362.06**.

HRSA is removing the reference to CPT code 92390 (materials for eyeglass repair) in the *Vision Care Billing Instructions*, as this code has been discontinued, and there is no replacement.

Airway Optical (AO) Update

When providers receive the requested product from AO, a copy of the original AO order form is enclosed, but for confidentiality concerns, the PIC number, and the client's name have been removed. The only item that will identify the client for the provider and associate the client to the requested product is the medical record number on the AO order form. Please utilize this medical record number as your reference identifier.

Billing Instructions Replacement Pages

Attached are updated pages C.5 – C.8 and C.15 - C.16 that replace C.15 - C.18 for HRSA's current *Vision Care Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Replacement Frames and/or Lenses [Refer to WAC 388-544-0300 (6)]

HRSA covers replacement eyeglass frames and/or lenses that have been lost or broken. To receive payment:

- For **adults** (clients 21 years of age or older) providers must follow the expedited prior authorization process (see Section D – *Authorization EPA# 615, EPA# 618*);
- For **children** (clients 20 years of age or younger) HRSA does **not** require prior authorization;
- For **clients with developmental disabilities** (regardless of age) HRSA does **not** require prior authorization.

Back-up Eyeglasses [Refer to WAC 388-544-0300 (7)]

HRSA covers one pair of back-up eyeglasses when contact lenses are medically necessary and the contact lenses are the client's primary visual correction aid (see *Contact Lenses*, page C.11). HRSA limits back-up eyeglasses as follows:

- For **adults** (clients 21 years or older): Once every 6 years.
- For **children** (clients 20 years or younger): Once every 2 years.
- For **clients with developmental disabilities** (regardless of age): Once every 2 years.

Coverage – Plastic Eyeglass Lenses and Services

When does HRSA cover eyeglass lenses and services?

[Refer to WAC 388-544-0350 (1)]

HRSA covers the following plastic scratch-resistant eyeglass lenses:

- Single vision lenses;
- Round or flat top D-style bifocals;
- Flat top trifocals; and
- Slab-off and prism lenses (including Fresnel lenses).

Note: HRSA's contractor supplies **all** plastic eyeglass lenses with a scratch-resistant coating.

Replacing Bifocal or Trifocal Eyeglass Lenses

[Refer to WAC 388-544-0350 (2)]

HRSA allows bifocal eyeglass lenses to be replaced with trifocal or single vision lenses, or trifocal lenses to be replaced with bifocals or single vision lenses when all of the following apply:

- A client has attempted to adjust to the bifocals or trifocals for at least 60 days;
- The client is unable to make the adjustment; and
- The bifocal or trifocal lenses being replaced are returned to the provider.

High Index Eyeglass Lenses [Refer to WAC 388-544-0350 (3)]

HRSA covers high index lenses for clients who require one of the following in at least one eye:

- A spherical refractive correction of plus or minus 8.0 diopters or greater; or
- A cylinder correction of plus or minus 3.0 diopters or greater.

To receive payment, providers must follow the expedited prior authorization process (see Section D- *Authorization EPA# 625*).

Tinting [Refer to WAC 388-544-0350 (4)]

HRSA covers the tinting of plastic lenses through HRSA's contracted lens supplier when the client's medical need is diagnosed and documented as one or more of the following chronic (expected to last longer than 3 months) eye conditions causing photophobia:

Medical Problems	ICD-9-CM Diagnosis Codes
Blindness	369.00 - 369.9
Chronic corneal keratitis	370.00 - 370.07
Chronic iritis, iridocyclitis (uveitis)	364.10 - 364.11 364.51 - 364.59
Diabetic retinopathy	362.01 - 362.06
Fixed pupil	379.42 - 379.49
Glare from cataracts	366.00 - 366.9
Macular degeneration	362.50 - 362.66
Migraine disorder	346.00 - 346.91
Ocular albinism	270.2
Optic atrophy and/or optic neuritis	377.10 - 377.63
Rare photo-induced epilepsy conditions	345.00 - 345.91
Retinitis pigmentosa	362.74

Photochromatic Eyeglass Lenses [Refer to WAC 388-544-0350 (5)]

HRSA covers both *tinted* lenses and *photochromatic* lenses for appropriate medical conditions. *Tinted* lenses are colored lenses that remain the same color indoors and outdoors.

Photochromatic lenses are lenses that darken when they are exposed to sunlight (photochromatic lenses do not darken as well inside automobiles).

HRSA covers photochromatic lenses when the client's medical need is diagnosed and documented as related to either of the following:

Medical Problems	ICD-9-CM Diagnosis Codes
Ocular Albinism	270.2
Retinitis pigmentosa	362.74

Polycarbonate Eyeglass Lenses [Refer to WAC 388-544-0350 (6)]

HRSA covers polycarbonate lenses for clients with developmental disabilities.

HRSA covers polycarbonate lenses for clients without developmental disabilities as follows:

Medical Problems	ICD-9-CM Diagnosis Codes
For clients who are blind in one eye and need protection for the other eye, regardless of whether a vision correction is required	369.60 - 369.69 369.70 - 369.76
For infants and toddlers with motor ataxia	331.89, 781.2 334.0 - 334.9, 781.3
For clients 20 years of age or younger who are diagnosed with strabismus	378.00 - 378.9
For clients 20 years of age or younger who are diagnosed with amblyopia	368.01 - 368.03

When does HRSA cover surgery for strabismus?

[WAC 388-544-0550 (3)]

HRSA covers strabismus surgery as follows:

- For clients 17 years of age and younger, when medically necessary. The provider must clearly document the need in the client's record;
- For clients 18 years of age and older, when:
 - ✓ The client has double vision; and
 - ✓ The surgery is not performed for cosmetic reasons.

To receive payment for clients 18 years of age and older, providers must use HRSA's expedited prior authorization process (see HRSA's *Physician-Related Services Billing Instructions*, Section I).

When does HRSA cover surgery for blepharoplasty/blepharoptosis? [WAC 388-544-0550 (4)]

HRSA covers blepharoplasty or blepharoptosis surgery for noncosmetic reasons when:

- The excess upper eyelid skin impairs the vision by blocking the superior visual field; and
- The vision is blocked to within ten degrees of central fixation using a central visual field test.

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